

AF  
2813



Attorney Docket No.: 0180164

# AMENDMENT COVER SHEET

IN RE APPLICATION OF: Ramsbey, et al.

SERIAL NO.: 09/430,366 FILED: October 28, 1999

FOR: Method Of Making A Memory Cell With Polished Insulator Layer

Mail Stop AF  
HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	10	MINUS **20	* = 0	18.		\$
INDEPENDENT	3	MINUS ***4	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00


- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

- ☐ Total fee for Supplemental Information Disclosure Statement \$ \_\_\_\_\_
- ☐ Enclosed is the total fee of \$ 0.00
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ \_\_\_\_\_
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

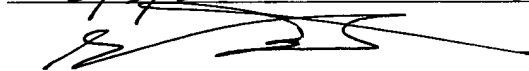
2/3/04

By:

  
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

2/3/04  


Signature

Sukhline Bal

Typed or Printed Name of Person Mailing Paper and/or Fee

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